

FY20 Retiree Health Insurance Premiums																		
July 1, 2019 to June 30, 2020																		
		Total Prem.	20+ yrs	19 yrs	18 yrs	17 yrs	16 yrs.	15 yrs	14 yrs	13 yrs	12 yrs	11 yrs	10 yrs	9 yrs	8 yrs	7 yrs	6 yrs	5 yrs
Carrier	Level of Coverage	100.00%	33.30%	37%	42%	46%	50%	55%	59%	63%	67%	71%	75%	78%	81%	84%	87%	90%
CareFirst BlueChoice Advantage	Individual	\$851.43	\$283.78	\$315.03	\$357.60	\$391.66	\$425.72	\$468.29	\$502.34	\$536.40	\$570.46	\$604.52	\$638.57	\$664.12	\$689.66	\$715.20	\$740.74	\$766.29
w/Rx and CF Vision	Retiree + Child	\$1,479.25	\$493.03	\$547.32	\$621.29	\$680.46	\$739.63	\$813.59	\$872.76	\$931.93	\$991.10	\$1,050.27	\$1,109.44	\$1,153.82	\$1,198.19	\$1,242.57	\$1,286.95	\$1,331.33
	Retiree + Spouse	\$1,771.78	\$590.53	\$655.56	\$744.15	\$815.02	\$885.89	\$974.48	\$1,045.35	\$1,116.22	\$1,187.09	\$1,257.96	\$1,328.84	\$1,381.99	\$1,435.14	\$1,488.30	\$1,541.45	\$1,594.60
	Family	\$2,082.83	\$694.21	\$770.65	\$874.79	\$958.10	\$1,041.42	\$1,145.56	\$1,228.87	\$1,312.18	\$1,395.50	\$1,478.81	\$1,562.12	\$1,624.61	\$1,687.09	\$1,749.58	\$1,812.06	\$1,874.55
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$681.65	\$227.19	\$252.21	\$286.29	\$313.56	\$340.83	\$374.91	\$402.17	\$429.44	\$456.71	\$483.97	\$511.24	\$531.69	\$552.14	\$572.59	\$593.04	\$613.49
CareFirst BlueChoice HMO Open Access	Individual	\$580.95	\$193.63	\$214.95	\$244.00	\$267.24	\$290.48	\$319.52	\$342.76	\$366.00	\$389.24	\$412.47	\$435.71	\$453.14	\$470.57	\$488.00	\$505.43	\$522.86
w/RX and CF Vision	Retiree + Child	\$1,103.81	\$367.90	\$408.41	\$463.60	\$507.75	\$551.91	\$607.10	\$651.25	\$695.40	\$739.55	\$783.71	\$827.86	\$860.97	\$894.09	\$927.20	\$960.31	\$993.43
	Retiree + Spouse	\$1,336.20	\$445.36	\$494.39	\$561.20	\$614.65	\$668.10	\$734.91	\$788.36	\$841.81	\$895.25	\$948.70	\$1,002.15	\$1,042.24	\$1,082.32	\$1,122.41	\$1,162.49	\$1,202.58
	Family	\$1,713.06	\$570.96	\$633.83	\$719.49	\$788.01	\$856.53	\$942.18	\$1,010.71	\$1,079.23	\$1,147.75	\$1,216.27	\$1,284.80	\$1,336.19	\$1,387.58	\$1,438.97	\$1,490.36	\$1,541.75
CareFirst BlueChoice HMO Open Access	Individual	\$561.66	\$187.20	\$207.81	\$235.90	\$258.36	\$280.83	\$308.91	\$331.38	\$353.85	\$376.31	\$398.78	\$421.25	\$438.09	\$454.94	\$471.79	\$488.64	\$505.49
w/RX - Over 65 and CF Vision																		
CareFirst PPO Dental	Individual	\$41.97	\$13.99	\$15.53	\$17.63	\$19.31	\$20.99	\$23.08	\$24.76	\$26.44	\$28.12	\$29.80	\$31.48	\$32.74	\$34.00	\$35.25	\$36.51	\$37.77
	Retiree + Child	\$64.10	\$21.36	\$23.72	\$26.92	\$29.49	\$32.05	\$35.26	\$37.82	\$40.38	\$42.95	\$45.51	\$48.08	\$50.00	\$51.92	\$53.84	\$55.77	\$57.69
	Retiree + Spouse	\$96.29	\$32.09	\$35.63	\$40.44	\$44.29	\$48.15	\$52.96	\$56.81	\$60.66	\$64.51	\$68.37	\$72.22	\$75.11	\$77.99	\$80.88	\$83.77	\$86.66
	Family	\$125.94	\$41.98	\$46.60	\$52.89	\$57.93	\$62.97	\$69.27	\$74.30	\$79.34	\$84.38	\$89.42	\$94.46	\$98.23	\$102.01	\$105.79	\$109.57	\$113.35
CareFirst PPO Dental - Over 65	Individual	\$40.17	\$13.39	\$14.86	\$16.87	\$18.48	\$20.09	\$22.09	\$23.70	\$25.31	\$26.91	\$28.52	\$30.13	\$31.33	\$32.54	\$33.74	\$34.95	\$36.15
Delta Dental	Individual	\$36.29	\$12.10	\$13.43	\$15.24	\$16.69	\$18.15	\$19.96	\$21.41	\$22.86	\$24.31	\$25.77	\$27.22	\$28.31	\$29.39	\$30.48	\$31.57	\$32.66
	Retiree + Child	\$57.65	\$19.21	\$21.33	\$24.21	\$26.52	\$28.83	\$31.71	\$34.01	\$36.32	\$38.63	\$40.93	\$43.24	\$44.97	\$46.70	\$48.43	\$50.16	\$51.89
	Retiree + Spouse	\$85.56	\$28.52	\$31.66	\$35.94	\$39.36	\$42.78	\$47.06	\$50.48	\$53.90	\$57.33	\$60.75	\$64.17	\$66.74	\$69.30	\$71.87	\$74.44	\$77.00
	Family	\$111.14	\$37.04	\$41.12	\$46.68	\$51.12	\$55.57	\$61.13	\$65.57	\$70.02	\$74.46	\$78.91	\$83.36	\$86.69	\$90.02	\$93.36	\$96.69	\$100.03
Delta Dental - Over 65	Individual	\$34.72	\$11.57	\$12.85	\$14.58	\$15.97	\$17.36	\$19.10	\$20.48	\$21.87	\$23.26	\$24.65	\$26.04	\$27.08	\$28.12	\$29.16	\$30.21	\$31.25
CF Bluevision Plus																		
(only applicable to those grandfathered retirees	Individual	\$3.69	\$1.23	\$1.37	\$1.55	\$1.70	\$1.85	\$2.03	\$2.18	\$2.32	\$2.47	\$2.62	\$2.77	\$2.88	\$2.99	\$3.10	\$3.21	\$3.32
with ONLY Dental)	Retiree + Child	\$7.01	\$2.34	\$2.59	\$2.94	\$3.22	\$3.51	\$3.86	\$4.14	\$4.42	\$4.70	\$4.98	\$5.26	\$5.47	\$5.68	\$5.89	\$6.10	\$6.31
	Retiree + Spouse	\$8.48	\$2.83	\$3.14	\$3.56	\$3.90	\$4.24	\$4.66	\$5.00	\$5.34	\$5.68	\$6.02	\$6.36	\$6.61	\$6.87	\$7.12	\$7.38	\$7.63
	Family	\$11.06	\$3.69	\$4.09	\$4.65	\$5.09	\$5.53	\$6.08	\$6.53	\$6.97	\$7.41	\$7.85	\$8.30	\$8.63	\$8.96	\$9.29	\$9.62	\$9.95